FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Katko for Congress 228 S Washington St ADDRESS (number and street) Ste 115 (Check if address is changed) Alexandria 22314-5404 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address imiller@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) johnkatkoforcongress.com (Check if address is changed) DATE 09 2016 C00556365 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lisa Lisker Type or Print Name of Treasurer Lisa Lisker [Electronically Filed] 03 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) X This committee is a principal campaign committee. (Complete the candidate information)	
(a) X This committee is a principal campaign committee. (Complete the candidate information	on below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	tee. (Complete the candidate
Name of John M Katko Candidate	
Candidate Party Affiliation REP Office Sought: House Senate Pre	State Principle State Principl
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only one candidate, and is NOT an authorized committee supports/opposes only opposes only oppo	mittee.
Name of Candidate	
Party Committee:	(Damasantia
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line	6.) Its connected organization is a
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a se committee. (i.e., nonconnected committee)	parate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal ca	
(h) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		<u> </u>
Katko for Cong	gress	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Katko Victory Fund		
Mailing Address	PO Box 9891	
J		
	Arlington VA 222	19-1891
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the interest and the committee; and the interest and the committee and the committee is a committee and the committee and the committee is a committee and the committee and the committee is a committee and the committee and the committee and the committee is a committee and the committee and t	e name and address of
Full Name Lisa Lish of Treasurer	ker	
Mailing Address	228 S Washington Street	
	Suite 115	
	Alexandria VA 223 CITY STATE	14-5404 -
Title or Position Treasurer		- 281 - 7540

Full Name of Designated Agent	Julia C Miller	
Mailing Address	228 S Washington Street	
-	Ste 115	
	Alexandria VA 22314-540	4 -
	CITY STATE ZI	P CODE
Title or Position Assistant Treasu	urer Telephone number	
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds, holds a	accounts rents
safety deposit bo	exes or maintains funds.	decounts, rents
safety deposit bo	oxes or maintains funds.	accounts, rents
safety deposit bo	oxes or maintains funds.	Lacounts, rents
safety deposit bo Name of Bank, D	oxes or maintains funds. Depository, etc.	
safety deposit bo	poxes or maintains funds. Depository, etc. BB&T	
safety deposit bo Name of Bank, D	poxes or maintains funds. Depository, etc. BB&T	
safety deposit bo Name of Bank, D	Depository, etc. BB&T 1909 K Street NW Washington DC 20006	IP CODE
safety deposit bo Name of Bank, D	Depository, etc. BB&T 1909 K Street NW Washington CITY STATE ZI	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. BB&T 1909 K Street NW Washington CITY STATE ZI Depository, etc.	
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safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. BB&T 1909 K Street NW Washington CITY STATE ZI Depository, etc. Chain Bridge Bank	

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Form/Schedule: F1N Transaction ID:

Please Note this report is being amended in response to the RFAI dated February 18, 2016

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı M&T Bank 3701 W Genesee Street Mailing Address 13219 Syracuse CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Patriot Day 1 2015 228 S Washington St Mailing Address 22314-5404 Alexandria **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı NBT Bank Mailing Address 13317 Canajoharie CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number